Healthcare industry

†2023. SHRI RAVI SHANKAR PRASAD:
SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the healthcare industry in the country is growing continuously since last few years and the value of the said industry has touched about 34 billion dollars;

(b) if not, the facts in this regard;

(c) whether it is also a fact that the value of this industry is expected to touch 40 billion dollars by the year 2012;

(d) if so, the reaction of Government thereto; and

(e) whether it is also a fact that with the growth of the said industry, medical expenditure is also becoming dearer?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (e) The information is being collected and will be laid on the Table of the House.

Frequent tea breaks by doctors

2024. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry is aware that doctors in CGHS dispensaries in Delhi frequently leave their seats for tea and lunch during their duty hours from 7.30 a.m. to 1.30 p.m. against the directions that they should not leave their seats for tea, etc.; and

(b) if so, what steps Government propose to take to discontinue this practice by the doctors so that the patients are not unduly put to inconvenience and long waits?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) As per extant instructions, doctors and staff in CGHS dispensaries should not assemble at one place for having tea. However, they can take in their own seats without causing undue inconvenience to the patients.

Violations of the instructions is liable for action under the relevant service rules.

Inspection of medical colleges

†2025. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of medical colleges in the country which were inspected by the Medical Council of India during the years 2004-05,2005-06 and 2006-07;

(b) the dates on which such inspections were made;

(c) the names of colleges where acute shortage of resources and teachers were noticed;

(d) the details of action taken in this regard?

† Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) The Medical Council of India (MCI) conducted inspection of a number of medical colleges in the country during the academic years 2004-05,2005-06 and 2006-07 for technical evaluation for starting new medical college, increase of seats in recognized medical colleges and recognition of qualification etc. The MCI also carried out periodical inspection of medical colleges to verify staff, equipment, accommodation, training and other facilities for training of students. The names of medical colleges and the date of inspection are given in the statement at Annexure I. Where there is shortage of resources and faculty as per the regulations/norms of the Council, MCI does not recommend to the Central Government for approval/recognition. Based on the MCI inspection, the concerned medical colleges are asked to rectify the deficiencies pointed out in the inspection and send compliance report to Central Government/MCI for further action under Indian Medical Council Act, 1956.

Small family norms

2026. SHRI KARNENDU BHATTACHARJEE : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to revise the small family norms and make a norm of one child for a couple in view of an alarming increase in country's population;

(b) if so, the details thereof;

(c) whether Government is considering to increase the incentive amount given to a Central Government employee for adopting small family norm; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) Government considers population stabilization a vital and priority issue for the nation and National Population Policy, 2000 (NPP) seeks to promote Family Welfare through responsible and planned parenthood, through voluntary and informed choice of Family Planning methods best suited to acceptors, without fixing any norm for number of children for a couple.

The Government has launched the National Rural Health Mission (NRHM) on 12th April, 2005 throughout the country with special emphasis on 18 demographically and infrastructurally weaker States, to provide accessible, affordable, accountable, effective, reliable and quality primary healthcare, through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The Reproductive and Child Health (RCH-II) taken up under the NRHM envisages providing quality services for meeting unmet demands such as free distribution of condoms, IUD, Insertions, Non-Scalpel Vasectomy (NSV), sterilization etc. with the objective of stabilising populations growth in the country, especially in these high focus States.

(c) No Sir.

(d) does not arise.